

DEPARTMENT OF HEALTH SERVICES

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CMSP Letter No.: 99-04
Issue Date: April 1, 1999

TO: All County Medical Services Program (CMSP) County Welfare Directors

SUBJECT: CLARIFICATION OF CMSP DISABILITY EVALUATION DIVISION (DED) PROCESS

Ref.: CMSP ACLs # 95-7 and 96-16 ("Impact of Deliberate Disqualification From Medi-Cal")

The purpose of this letter is to clarify the instances wherein a CMSP applicant or beneficiary would lose eligibility due to failure or refusal to submit a completed DED packet for the determination of Medi-Cal linked disability.

CMSP ACL #96-16 states that:

"While any person who wishes may apply for the CMSP, an individual who, for instance, is potentially disabled, who refuses or fails to follow through in the disability evaluation determination process, could be eligible for Medi-Cal and would not, therefore, be eligible for the CMSP."

While this is a correct statement, further clarification appears to be necessary to avoid actions which may erroneously deny or discontinue CMSP eligibility.

The only time that a DED packet should be required for CMSP is under the following situations:

- 1) An applicant has died and a DED evaluation is necessary to determine if Medi-Cal eligibility existed for a retro or application month.
- 2) An applicant or beneficiary states that he or she is disabled and unable to work for at least 12 consecutive months due to a physical or mental condition.
- 3) An applicant or beneficiary is determined to have a terminal medical condition based upon medical evidence, **not based on the Eligibility Worker's perception of a terminal medical condition.**

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- 4) An applicant or beneficiary states that they consider themselves disabled and the county clarifies with the applicant/beneficiary that such a disability has resulted in or will result in the applicant/beneficiary's inability to work for at least 12 consecutive months. However, the county must determine if a limited incapacity exists rather than a long-term disability. After discussing the differences with the applicant/beneficiary, the county must allow the individual to change their answer on the MC210, SAWS 2, etc. **IN NO SITUATION IS THE COUNTY TO REQUIRE A DED PACKET TO BE COMPLETED IF THE INDIVIDUAL DOES NOT CONSIDER THEMSELVES DISABLED**, regardless if the individual "looks" disabled.

Example 1: An individual applies for CMSP and indicates to the Eligibility Worker that he/she has HIV, the EW **cannot** require a DED to be completed **unless** the individual states that he/she is disabled to the point that they cannot work or take care of their needs for 12 consecutive months.

Example 2: An individual applies for CMSP and the individual is a paraplegic, *however*, the individual is still able to work and does not consider himself *disabled*, it is inappropriate to require a DED packet to be completed. The option is the applicant's and the county **cannot** deny CMSP eligibility if the applicant refuses to complete the DED packet.

If the county becomes aware of cases in which an individual has been denied eligibility, or discontinued from CMSP, for failure to complete a DED packet under similar situations, the cases should be reexamined and granted if otherwise eligible. It has never been the intent of CMSP to force a designation of "disabled" upon any individual—regardless of medical condition or perceived condition, unless that condition falls into those categories listed above. The completion of a DED packet is at the sole discretion of the CMSP applicant or beneficiary. CMSP follows the Medi-Cal DED process as defined in Article 22, Medi-Cal Eligibility Procedures Manual.

If you have any questions or comments about this issue, please direct them to Mr. Gary Varner, in the CMSP Unit, at (916) 322-1613.



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